



Shackleford Village Hall,
 Shackleford, Surrey. GU8 6AE
 Registered Charity Number 1028177

Contact: 01483 860723 (during opening hours) and 07849 633614 (8am – 3pm weekdays)

Registration Form

Name and Contact Details

Child's Full Name:.....

Known as:.....(Boy/Girl) Date of Birth:.....

Address:.....

.....Postcode:.....

Parents' Names:.....

Mobile Number:.....

Email:.....

Home telephone number:

Other Information

Child's first language:.....

Other Languages spoken at home:.....

Special requests/ requirements about religious observance, food, clothing, health or other matters we should observe.....

Does your child have any on-going health problems we should be aware of:

Please indicate the preferred days you would like your child to attend below. We will do our best to accommodate them.

Monday	Tuesday	Wednesday	Thursday	Friday
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Term you wish your child to start at Acorns Nursery.....

Please complete this form and return with a £75.00 registration and admin fee. If we are unable to offer your child a place we will reimburse this fee. If we offer your child a place and you decline we will keep the fee to cover our administration costs.

If you have downloaded this form from our website please telephone Karen Bennett on 01483 860723 or email her at acornsadmissions@gmail.com to check availability of places before sending us a completed form.

Please reserve a place for my child at Acorns Nursery. I enclose a cheque (payable to Acorns Nursery School) or agree to transfer the fee via BACS once given details. I accept the terms outlined in the form above.

Signed..... Date.....

Please Print Name: Child's Name:.....